

FRANKLIN GRAY PATENTS, LLC
ROBERT H. FRANTZ, REGISTERED US PATENT AGENT

RECEIVED
CENTRAL FAX CENTER

JUN 09 2005

FACSIMILE TRANSMISSION

TO: Examiner Eric K. Nicholson
U.S. Patent and Trademark Office
GAU 3679
Fax: 703-872-9306 (Central Fax Server)

FROM: Robert H. Frantz
Franklin Gray Patents, LLC
Tel: 405-812-5613
Fax: 405-440-2465

DATE: June 9, 2005

PAGES: 15 (inclusive)

RECEIVED
OIPE/IAP

JUN 15 2005

In re the Application of:

Leland James Wieseuegel)
Serial Number: 09/773,197)
Docket Number: AUS920000945US1)
Filed on: 01/31/2001)
For: "Dynamic Catalog for On-Line)
Offering and Bid System")

Group:3679

Examiner: Eric K. Nicholson

Certificate of Transmission under 37 CFR §1.8

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office on:

DATE: June 9, 2005

SIGNATURE: Robert Frantz

Robert H. Frantz, Reg. No. 42,553

NOTICE:

The information contained in this facsimile transmission is confidential. If you have received this transmission in error, please contact the sender immediately and destroy your copy.

P.O. Box 23324 OKLAHOMA CITY, OK 73123-2334
TEL.: 405-812-5613 FAX.: 405-440-2465
RFRANTZ@FRANKLINGRAY.COM WWW.FRANKLINGRAY.COM

* Received: 2 pages. CH

BEST AVAILABLE COPY

Missing 14 pgs.
1 cut off

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|--|--------------------------|--------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2005 | | Application Number | 09/773,197 |
| | | Filing Date | 01/31/2001 |
| | | First Named Inventor | Leland James Wiesehuegel |
| | | Examiner Name | Eric K. Nicholson |
| | | Art Unit | 3679 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | AUS920000945US1 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 500.00 |

| | |
|--|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>09-0447</u> Deposit Account Name: <u>IBM</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input type="checkbox"/> Charge any additional fee(s) or surcharges of fee(s) <input checked="" type="checkbox"/> Charge any surcharges | |

BEST AVAILABLE COPY